



BELCAMP RECREATION COUNCIL

Soccer Clinic

Spring - 2017

REGISTRATIONS:

Church Creek Elementary School –
Recreation Office

Wednesday, February 22 ~ 5:30 – 6:30 pm

Wednesday, March 1 ~ 5:30 – 6:30 pm

Wednesday, March 8 ~ 5:30 – 6:30 pm

AGE GROUPS OFFERED:

■ **Ages 4-7 and 6-8**



FEES: \$80.00 (\$10 discount each additional family member)

SPACES ARE LIMITED.

FOR MORE INFORMATION,

PLEASE CONTACT, MIKE BROCKMEYER 443-843-5123 or sleepgeek32@aol.com.

Harford County Department of Parks & Recreation, Belcamp Recreation Council, Churchville Recreation Center • 410-638-3853

Visit our Website at <http://www.harfordcountymd.gov/915/Belcamp-Recreation-Council>

Harford County Public Schools is not sponsoring, endorsing, or recommending the activities announced in this flyer/material.



Barry Glassman

Harford County Executive

Preserving Harford's Past: Promoting Harford's Future

Belcamp Recreation Council/Committee REGISTRATION FORM

Participant Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email Address:** _____

Date of Birth: _____ **Age Group:** _____

School: _____ **Male or Female (please circle)**

Uniform Size Needed: _____ **Played Before: Yes or No (please circle)**

In Case of Emergency, Please Notify:

Name: _____ **Phone:** _____

Any Physical Conditions or Allergies? _____

Registration Fee: \$ _____

☐ **Ck#** _____ ☐ **Cash** _____

Please pay by check whenever possible.
Make checks payable to Belcamp Recreation Council.

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RELEASE OF LIABILITY

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent/Guardian Signature _____ **Date** _____